

Arizona Board of Occupational Therapy Examiners

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INITIAL APPLICATION

CAREFULLY READ INSTRUCTIONS.
(Please print or type all information)

SECTION I: PERSONAL INFORMATION

A. Last Name		B. First Name		C. Middle Name	
D. Show my name on my license as				E. Other Names Used	
F. Home Address		City	State	Zip Code	
G. Mailing Address if different		City	State	Zip Code	
H. Employer's Name and Address		City	State	Zip Code	
I. NBCOT Certification Number		J. Date Granted		K. Number of times you took the NBCOT Exam	
L. Social Security Number - - -	M. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	N. Business phone number ()		O. Home phone number ()	

SECTION II: TYPE OF LICENSURE

A. In accordance with Arizona Revised Statutes (ARS) §32-3426 through 32-3445, I hereby make application and submit fees for an Arizona License:

<input type="checkbox"/>	Occupational Therapist (OT)	Application Fee \$100.00	Annual Fee \$135.00	=	Total \$235.00
<input type="checkbox"/>	Occupational Therapy Assistant (OTA)	\$100.00	\$ 70.00	=	\$170.00
<input type="checkbox"/> OT <input type="checkbox"/> OTA	Limited Permit (Valid for 4 months) *	\$ 35.00	-0-	=	\$ 35.00

* NOTE: A limited permit application must be supported by a Direct Supervision Agreement for a Limited Permit form completed and signed by the Occupational Therapist who will be directly supervising the Limited Permittee.

SECTION III: PROFESSIONAL EXPERIENCE AND/OR FIELDWORK. (Within the past five years.)

(List most recent first)

A. Facility and Address	B. Position	C. Inclusive Dates
D. Facility and Address	E. Position	F. Inclusive Dates
G. Facility and Address	H. Position	I. Inclusive Dates
J. Facility and Address	K. Position	L. Inclusive Dates
M. Facility and Address	N. Position	O. Inclusive Dates

SECTION IV: EDUCATION

(List most recent first)

A. College/University Name, City and State	B. Dates Attended	C. Date Graduated	D. Degree Received
E. College/University Name, City and State	F. Dates Attended	G. Date Graduated	H. Degree Received
I. College/University Name, City and State	J. Dates Attended	K. Date Graduated	L. Degree Received

SECTION V: CURRENT OF PREVIOUS LICENSURE/CERTIFICATION

A. Are you now or have you ever been licensed/certified in a different occupation or profession in this state or any other state?

☐ YES

☐ NO

B. List all states and foreign countries where you are or have been licensed to practice Occupational Therapy.

C. State or Country	D. License Number	E. Current Status
F. State or Country	G. License Number	H. Current Status
I. State or Country	J. License Number	K. Current Status
L. State or Country	M. License Number	N. Current Status

SECTION VI: DISCIPLINARY ACTIONS

A. Have you ever had a license/certification denied, revoked, suspended or other disciplinary action taken against you?

☐ *YES

☐ NO

B. Have you ever been convicted of any crime?

☐ *YES

☐ NO

* For yes responses see instructions.

SECTION VII: AFFIDAVIT OF APPLICATION

(Applicant's name) _____, being first duly sworn under oath, deposes and states that they are the person referred to in this application for licensure and that the statements herein contained are true, to the best of my knowledge and belief. I have also read the Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

(Applicant's Signature)

State of _____

County of _____

Subscribed and sworn before me on this _____ day of _____, _____

(SEAL)

(Signature of Notary Public)

My commission expires on this _____ day of _____, _____